



Online Open Enrollment – Quick Start Guide

Get Started Today!

Shop and Enroll in 5 Easy Steps

City of Stockton is here to help you get the insurance coverage you need. Use the new online benefit selection and enrollment system to guide you through your annual enrollment.

NOTE: We strongly recommend using **Google Chrome** for your Internet Browser.

Step 1: Create Your Account

- Go to: stocktonbenefits.connectedhealth.com
- Click **“Create An Account”**
- Fill out the information
- Click **“Create Account”** button

Your Employer ID is: **Stockton**

Your **Employee ID** is a 5-digit number located on your pay stub.

We recommend using an email address you have access to while completing the online form – either a work or personal email.

1

Step 2: Confirm & Login to Your Account

- You will receive an email from registration@connectedhealth.com
- In the email, click **“Confirm my account”** to activate your account.

2

Questions? Give us a call: (209) 937-8233.

Step 3: Update Your Information & Shop Plans

Login and click the **“Start Shopping”** button. You’ll arrive on the **Shop** page.

Here you can begin your enrollment and get personalized recommendations for plans to fit your coverage needs and budget.

First, please review the next screen for **“My Profile”** with your information and family information. This is where you will add Family Members before you start shopping.

You may also need to provide your dependent’s Social Security Number if that information is missing or inaccurate.

3 Signed in successfully.

Hi Johnny,

Let's get started! If you are new to the Employee Benefits of Stockton, please review your personal and dependent information, as well as the contribution your employer is offering to help you purchase benefits.

Start or Continue shopping by clicking the button below.

My Benefits Summary as of May 01, 2017

To see a snapshot of the plans you are currently enrolled in, click the Current Benefits.

Current Benefits

Start Shopping

My Profile

Here's the information we have on file for you. If there's something not quite right about your information, make sure to speak with your HR administrator. If you need to add or edit a dependent, you can do that in the Dependent section below.

Account Owner

NAME	GENDER	BIRTHDATE	SSN/ID #
Johnny Depp	Male	07/22/1979	*** - ** - 1478

EMAIL: heidifitz1231+ca2@gmail.com

PHONE NUMBER: -

ADDRESS: 18 Lewis Street, Anytown, CA 90706

Change Password

On the **Shop** page, you can review all the benefits available to you.

Look for these buttons on the left for your **Medical, Dental, Vision, and Additional Benefits** options.

Start with **“Medical.”**

You have two options:

1. Click **“Get Plans”** button for each benefit to review options and make selections.
2. Select **“Get Recommendations”** button to see:
 - costs for each plan,
 - estimate of potential out-of-pocket costs,
 - plan details, and
 - side-by-side comparisons of plan costs and benefits.

Shop For Your Benefits

The Employee Benefits, brought to you by the City of Stockton helps you assemble your portfolio of insurance protection customized to meet your needs and preferences. With your portfolio in place, you will have peace of mind, knowing that you will be able to get the care you need.

BENEFITS COST SUMMARY

Total Cost of Plans:	\$0.00
Employer Contribution:	\$0.00
Your Cost:	\$0.00 (SemiMonthly)

Protect Your Health

- Medical
- Dental
- Vision
- Additional Benefits

Medical Benefit

Choosing the right medical insurance plan is a priority in building a portfolio designed to help you achieve health & financial security.

Click **Get Recommendations** for assistance in finding a plan that meets your needs. To see a list of all plans offered to you, simply click **Get Plans**. You can still get a recommendation later.

Get Recommendations Get Plans

Kaiser Deductible Plan

- Plan Type: DHMO
- Deductible: \$1,000 Ind / \$2,000 Family

Plan Comparisons

YOUR ANNUAL COST SUMMARY

Minimum Cost (per year)	Estimated Likely Cost (per year)	Maximum Possible Cost (per year)
\$0	\$727	\$6,000

Pick This Plan

Your Cost: \$0.00

SemiMonthly after employer contribution (actual plan cost \$565.07)

Sutter LG Standard \$20 - \$0

- Plan Type: HMO
- Deductible: \$0 Ind / \$0 Family
- Co Insurance: 0%
- Co Pay: Office \$20, ER \$100

Pick This Plan

Your Cost: \$43.11

SemiMonthly after employer contribution (actual plan cost \$616.11)

YOUR ANNUAL COST SUMMARY

Minimum Cost (per year)	Estimated Likely Cost (per year)	Maximum Possible Cost (per year)
\$1,035	\$1,424	\$4,035

Questions? Give us a call: (209) 937-8233.

Step 4: Shop for Benefits

Shop for benefits in the following order:

1. Medical
 2. Dental
 3. Vision
- * Additional Benefits (if interested)

After you make your enrollment selection for **“Medical,”** continue to **“Dental”** and **“Vision.”**

To make a change in your Medical plan AFTER selecting Dental and/or Vision:

1. Remove the Dental and Vision selections from your cart, which is located in the righthand corner.
2. Make your Medical Plan change.
3. Re-select your Dental Plan.
4. Re-select your Vision Plan.

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Shop For Your Benefits

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BENEFITS COST SUMMARY	
Total Cost of Plans:	\$0
Employer Contribution:	\$0
Your Cost:	\$0 (SemiMonthly)

Protect Your Health

- 1 + Medical
- 2 + Dental
- 3 + Vision

+ Additional Benefits

We are pleased to offer a number of additional, voluntary benefits through American Fidelity to help you round out your insurance selection to better protect yourself and your family's health and financial security. See the information below for more details on these products and how to enroll.

You can enroll for the American Fidelity products by following this link: www.afenroll.com/enroll. Additionally, learn more about the product details here:

Protect Your Health

+ Medical

+ Employee Assistance Program
Employer Provided

+ Dental

+ Vision

Dental Benefit

Dental insurance typically provides coverage for:

- * annual check-ups and cleaning,
- * x-rays,
- * routine care,
- * and other services.

It is most beneficial for help in covering costs for more expensive procedures, such as fillings, root canals, and crowns.

Important Note:
The city will cover the full cost of your dental election if you are waiving medical insurance. Review plan options carefully.

Click **Get Plans** to see the plan options available to you. **Get Plans**

Tier Enrollment Rule

If you enroll for Medical Coverage as an Employee only, an Employee + One Dependent, or Employee + Family, you must enroll in the **same tier** for your Dental and Vision Coverage.

Questions? Give us a call: (209) 937-8233.

Step 5: Confirm and Enroll

Once you have selected your plans, click the **“Enroll”** button in the top right corner of the page.

On the **Enroll** page, review your selections.

You will need to actively waive any coverages you are choosing not to enroll in.

Click the **“Submit Enrollment”** button to complete your enrollment.

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Home Shop My Benefits Resources Selected Plan(s) **Enroll**

Enroll in Your Benefits

✓ All of your coverage selections are listed here. If you intend to waive any coverage options, indicate this by clicking in the box(es) below. Please review before you click Enroll to submit your selections.

Stockton's HR team will review your enrollments and be in touch if there are any questions or changes.

COVERAGE BEGINS Jul 01, 2017

Protect Your Health

PLAN INFORMATION	ACTION REQUIRED	PLAN COST	YOUR COST (SemiMonthly)
OE3 - Plan Indemnity C		\$365.00	\$63.28 Edit Remove

Coverage for Jennifer

Life Insurance

PLAN INFORMATION	ACTION REQUIRED	PLAN COST	YOUR COST (SemiMonthly)
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Waive coverage

Please click the box(es) below to indicate that you intend to waive coverage for the listed benefits.

- ☐ I waive all rights to Dependent Care Spending Account Coverage
- ☐ I waive all rights to Parking Flex Spending Account Coverage
- ☐ I waive all rights to Transit Flex Spending Account Coverage
- ☐ I waive all rights to Medical Spending Account Coverage
- ☐ I waive all rights to Vision Coverage
- ☐ I waive all rights to Dental Coverage

Total Cost of Plans Selected includes those plans that cannot be purchased with dollars from employer's contribution.
Remaining Balance - please contact your human resource administrator for more information regarding the balance.
Your Responsibility in the total monthly premium amount not covered by your employer's contribution.

Total Cost of Benefits	\$365.00
Employer's Contribution	\$301.72
Your Cost	\$63.28
Remaining Balance	\$0.00

(SemiMonthly)

[Continue Shopping](#) **Submit Enrollment**

Once you submit your enrollment, an **“Enrollment Confirmation”** screen will appear.

Click **“Print This Page”** for a copy for your records.

That's it! Congratulations, you're enrolled for another year.

Home Shop My Benefits Resources

Enrollment Confirmation

Congratulations! You have successfully purchased and enrolled in the plans below. You can **make changes** to your selections on or before June 09, 2017.

Your confirmation number is **c07dd1726c17-4609-9b65-10ba65c65d2f**. [View or print your Enrollment Confirmation Statement.](#)

Go to **MY BENEFITS** to view your plans any time during the year.

Questions? Give us a call: (209) 937-8233.